



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

10/692,460

On re: Application No. ~~10/692,420~~)

Confirmation No. 7241

Filed: October 22, 2003)

CERTIFICATE OF MAILING

Applicant: Berrevoets, et al.)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

Title: Crosslink for Securing
Spinal Rod)

Art Unit: 3731)

Examiner: Jessica R. Baxter)

10/07/2005

Date Brian S. Clise
Registration No. 47,497
Attorney for Applicant(s)

Attorney Docket: 78485)

Customer No.: 22242)

Mail Stop AMENDMENT
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

This document is being filed in response to the Office Action mailed September 7, 2005 (hereinafter the "Office Action") and is divided into the following sections:

The Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

15

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appn No.: **10/692,460**

Filed: **October 22, 2003**

Applicant(s): **Berrevoets, et al.**

Title: **Crosslink for Securing Spinal Rod**

Art Unit: **3731**

Examiner: **Baxter, Jessica R.**

Attorney Docket: **78485**

Customer No.: **22242**

Confirmation No.

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

10/07/2005

Date 

Registration No. 47,497

Attorney for Applicant(s)

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a reply in the above-identified application.

Response to Restriction Requirement.
 No additional fee is required.

Fee Calculation For Claims As Amended

	As Amended	Previously Paid For	Present Extra	Rate	Additional Fee
Independent Claims	_____	_____	** =	<u>0</u> x \$ 200.00	\$ 0.00
Total Claims	_____	_____	* =	<u>0</u> x \$ 50.00	\$ 0.00
Fee for Multiply Dependent Claims				\$ 360.00	
* * At least 3				Total Additional Fee	\$ 0.00
* At least 20					

Applicant(s) assert entitlement to Small Entity Status (37 C.F.R. § 1.27), thus reducing the fee by half to: \$ 0.00

A check in the amount of \$ is enclosed.

10/692, 460
Application No. 10/692,420

Charge \$_____ to Deposit Account No. 06-1135.

The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.

October 7, 2005

Date


Brian S. Clise

Registration No. 47,497

FITCH, EVEN, TABIN & FLANNERY
120 South LaSalle Street, Suite 1600
Chicago, Illinois 60603-3406
Telephone: (312) 577-7000
Facsimile: (312) 577-7007